

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public
Inspection

A For the 2023 calendar year, or tax year beginning 9/1/2023, and ending 8/31/2024	
B Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization COMMUNITIES IN SCHOOLS OF HIDALGO COUNTY INC. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 4603 N JACKSON RD D & E City or town State ZIP code McAllen TX 78504 Foreign country name Foreign province/state/county Foreign postal code
D Employer identification number 74-2540616	
E Telephone number 956-630-0016	
G Gross receipts \$ 3,863,579	
F Name and address of principal officer: DULCE AGUILAR 3700 N 10TH STREET, STE 270, McAllen, TX 78501	
H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
J Website: CISHIDALGO.COM	
H(c) Group exemption number	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other	L Year of formation: 1994
M State of legal domicile: TX	

Part I Summary	
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO WORK WITH STUDENTS, FAMILIES, EDUCATION AND SOCIAL INSTITUTION IN DROP-OUT PREVENTION. STUDENTS AT RISK OF DROP OUT ARE TARGETED.
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
	3 Number of voting members of the governing body (Part VI, line 1a) 3 5
	4 Number of independent voting members of the governing body (Part VI, line 1b) 4 5
	5 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 5 23
	6 Total number of volunteers (estimate if necessary) 6
	7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0
7b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b	
Revenue	8 Contributions and grants (Part VIII, line 1h) 1,484,012 1,608,079
	9 Program service revenue (Part VIII, line 2g) 1,857,500 2,162,500
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 0 0
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 49,669 93,000
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 3,391,181 3,863,579
	Expenses
14 Benefits paid to or for members (Part IX, column (A), line 4) 0 0	
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 2,644,640 2,576,377	
16a Professional fundraising fees (Part IX, column (A), line 11e) 0 0	
b Total fundraising expenses (Part IX, column (D), line 25) 0	
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) 309,581 284,848	
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 2,954,221 2,861,225	
19 Revenue less expenses. Subtract line 18 from line 12 436,960 1,002,354	
Net Assets or Fund Balances	20 Total assets (Part X, line 16) 3,388,527 4,478,242
	21 Total liabilities (Part X, line 26) 105,194 181,786
	22 Net assets or fund balances. Subtract line 21 from line 20 3,283,333 4,296,456

Part II Signature Block	
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.	
Sign Here	Signature of officer DULCE AGUILAR Type or print name and title
	Date EXECUTIVE DIRECTOR
Paid Preparer Use Only	Print/Type preparer's name GUILLERMO REYNA, CPA
	Preparer's signature GUILLERMO REYNA, CPA
	Date 7/15/2025
	Check <input checked="" type="checkbox"/> if self-employed PTIN P01420913
Firm's name GUILLERMO REYNA, CPA	
Firm's EIN 47-5508711	
Firm's address 5804 N. 23RD STREET, MCALLEN, TX 78504	
Phone no. 956-457-8579	

May the IRS discuss this return with the preparer shown above? See instructions ☐ Yes ☐ No